

Dealing With Alzheimer's Inside the Jail Environment

Behavioral Interventions

I. Alzheimer's and the Jail Environment

Questions:

- ◆ Do the two mix?
- ◆ Do we have a choice?
- ◆ What is our best course of action?

A. Is A Jail Environment Safe and Well Structured For Everyone?

- ◆ Must adapt to the many new challenges faced daily in providing for the ever increasing and varying inmate population's needs.
- ◆ As staff are in daily direct contact with the inmates. This places you in the position to be the first to detect the signs of early disease onset.

B. Alzheimer's disease sufferers are acutely sensitive to the environment they live in and less capable of handling changes and uncertainty. Thus, dealing with the behavioral problems of inmates suffering from Alzheimer's Disease can be one of the most interesting as well as frustrating of the daily challenges you face.

- ◆ Jails generally operate in a very structured or regimented manner in order to maintain control and order.
- ◆ Those suffering from Alzheimer's disease need structure with close supervision. The ideal environment provides clear, calm, comforting structure.

Question:

Do jails provide this?

Problem we face is that the two types of structure are inherently quite different:

- ◆ Our job is to provide structure and supervision while remaining mindful of the special needs of these individuals.
- ◆ We have to do a balancing act.
- ◆ In its early stages it may be almost unnoticeable, but as the disease progresses it often causes a person to exhibit unusual and unpredictable behaviors which leads to frustration and tension in the individual with Alzheimer's and the one responsible for their care.
- ◆ Need for special handling in the case of advanced disease.
- ◆ Most likely the condition will be established and documented.
- ◆ In prison older offenders may begin to develop the disease and progress to the latter stages where they cannot communicate or perform basic life skills.

C. Those affected by Alzheimer's Disease lose certain abilities. The most significant are:

- ◆ Memory
- ◆ Life Skills
- ◆ Communication Skills: By far the ability to communicate is probably the most important skill they lose.

- Difficulty in expressing thoughts and difficulty understanding what others are trying to say.
- Difficulty thinking logically.

II. IDENTIFICATION, BEHAVIOR, AND RESPONSE:

A. Early Identification:

- ◆ Begins at the time of arrest and immediately upon intake.
- ◆ The arresting officer may have valuable information regarding the inmates condition.
- ◆ The intake nurse / officer, during the initial encounter, use trained observational skills to detect concerns.
- ◆ Classification is an important resource.
- ◆ Anyone coming into contact with the inmate during the arrest / intake process is in the position to observe behavior and identity concerns.
- ◆ Orientation period – Usually observed closely for behavior and adjustment.
- ◆ Counselors, chaplain, anyone coming into contact with the inmate.

Note: Early identification allows for prompt response in getting the inmate the care and supervision they need. Once they are in the system there are many obstacles to overcome. In the early stage of Alzheimer's the inmate can continue to function in general population if given the support and special attention they need.

B. Examples of Challenging Behaviors That May Be Exhibited by an Inmate With Alzheimer's Might Be:

- ◆ Agitation, anger, depression, aggression
- ◆ Combativeness
- ◆ Psychosis
- ◆ Wandering
- ◆ Sleeplessness
- ◆ Sundowning
- ◆ Unpredictable situations

1a. Agitation, Anger, Depression

- ◆ Agitated behavior can be disruptive -interfering with the inmate's ability to carry on with activities of daily living.

- ◆ An anxious person may not be able to put their feelings into words but instead manifest physical symptoms such as a racing heart, nausea, “butterflies in their stomach”
- ◆ Agitation may increase the risk of harm to the affected individual and to others.

1b. Agitation Takes Many Forms:

- ◆ Irritability, frustration, excessive anger
- ◆ “Blow-ups” disproportionate to the cause
- ◆ Constant demands for attention & reassurance
- ◆ Repetitive questions or demands
- ◆ Stubborn refusal to do things or go places
- ◆ Constant pacing, searching, rummaging
- ◆ Yelling, screaming, cursing, threats
- ◆ Hitting, biting, kicking

Depression Is a Form of Agitation and Can Be Characterized By:

- ◆ Extreme tearfulness
- ◆ Hand-wringing
- ◆ An excessive need for reassurance
- ◆ Other signs of extreme unhappiness

Aggression Is a Form of Agitation. It Includes:

- ◆ Verbal accusations and insults
- ◆ Aimless screaming
- ◆ Refusal to cooperate with simple requests
- ◆ Physical assaults
- ◆ Self-injury such as head banging or biting oneself

1c. There Are Two Types of Treatment for Agitation:

- ◆ Behavioral interventions which should always be tried first.
- ◆ Prescription medications should be administered only after all behavioral interventions have failed.

2. Combativeness - Can Be Caused By:

- ◆ Physical factors
 - Is the person tired because of inadequate rest or sleep?
 - Are medications causing side effects?
 - Is the person unable to let you know he or she is experiencing pain?
- ◆ Environmental factors
 - Is the person over stimulated by loud noises, an overactive environment, or physical clutter?
 - Does the person feel lost or abandoned?
- ◆ Poor communication

- Are you asking too many questions or making too many statements at once?
- Are your instructions simple and easy to understand?
- Is the person picking up on your own stress and irritability?
- Are you being negative or critical?

3. Psychosis:

There are two types of psychosis:

3a. Delusions:

- ◆ The is when the person believes things that are not true.
- ◆ Common examples of delusions would be:
 - Believing that one is in danger from others and that others have stolen items or money.
 - A spouse is unfaithful
 - Unwelcome guests are in the house
 - A relative or friend is an imposter and not who they claim to be.

3b. Hallucinations:

- ◆ This is a false perception of objects or events involving the senses.
- ◆ The person may see, hear, smell, taste or feel something that is not there.
- ◆ If it doesn't cause a problem it might be best to ignore it.
- ◆ If it becomes continuous then look for a possible underlying physical cause.

4. Wandering is can be caused by:

- ◆ Medication side effects, Stress
- ◆ Confusion related to time
- ◆ Restlessness, Anxiety, Agitation
- ◆ Inability to recognize familiar people, places and objects
- ◆ Fear arising from the misinterpretation of sights and sounds
- ◆ Desire to fulfill former obligations such as going to work

5. Sleeplessness and Sundowning: 20% will experience periods of increased confusion, anxiety, agitation, and disorientation beginning at dusk and continuing throughout the night.

“Sundowning” may be caused by:

- ◆ End-of-day exhaustion (mental & physical)
- ◆ An upset in the “internal clock” causing a biological mix-up between night & day
- ◆ Reduced lighting and increased shadows

- ◆ Disorientation due to the inability to separate dreams from reality when sleeping
- ◆ Less need for sleep, which is common among older adults

5. Unpredictable Situations

- ◆ People with Alzheimer's disease can act in different and unpredictable ways.
- ◆ They may flirt and make inappropriate advances toward members of the opposite sex.
- ◆ They may forget how to dress or take off clothes at inappropriate times.
- ◆ They may become easily jealous and suspicious.

We Must Remember the Person Suffering From Alzheimer's Disease and Displaying These Behaviors Is Not Acting This Way On Purpose

C. Symptoms:

1c. Could Be Due To:

- ◆ Physical discomfort caused by an illness or medications.
- ◆ Over-stimulation from or overactive environment
- ◆ Inability to recognize familiar places, faces, or things
- ◆ Difficulty completing simple tasks or activities.
- ◆ Inability to communicate effectively.

It Is Important to Understand the Behavior, Identify the Cause, and Consider Possible Solutions. Questions to ask:

- ◆ What was the undesirable behavior? Is it harmful to the individual or others?
- ◆ What happened before the behavior occurred?
- ◆ Did something trigger the behavior?

2c. Potential Solutions

- ◆ Is there something the person needs or wants?
- ◆ Can you change the surroundings? Is the area noisy or crowded? Is the room well-lighted?
- ◆ Are you responding in a calm, supportive way?
 - Try Different Responses
 - ◆ Did your response help?
 - ◆ Do you need to explore other potential causes and solutions? If so, what can you do differently?

3d. Determining the Cause: (Often the trigger is some change in the person's environment.)

- ◆ Intake / booking / admission
- ◆ A housing change
- ◆ Shift change when new staff are taking over a post
- ◆ Any transportation (i.e., Doctor's appointment, court appearance)
- ◆ Change in "cellmates"
- ◆ Repair, painting or other change in housing area.
- ◆ Change in daily routine or schedule.
- ◆ Change in health status (something the inmate may not be able to express).
 - Monitor Personal Comfort by Checking For:
 - ◆ Pain
 - ◆ Hunger
 - ◆ Thirst
 - ◆ Full bladder
 - ◆ Fatigue
 - ◆ Infections
 - ◆ Skin irritation

D. Options to Try:

1d. Modify the environment:

- ◆ Remove known stressors, triggers or perceived dangers such as noise, glare, insecure space and other distractions. Move to a quieter place.
- ◆ Look for lighting that might cast shadows, reflections, or distortions on the surface of floors or walls.
- ◆ Don't expect the person to do more than they can. Always supervise activities
- ◆ Structure and regular, predictable routines
- ◆ Pleasant activities
- ◆ Keep things simple and use many small, simple steps with time for rest
- ◆ Redirect to do something else
- ◆ Distract
- ◆ Be flexible – Ask yourself if this absolutely has to be done
- ◆ Compensate by assisting with tasks that are too demanding and don't put them in a position where they are sure to fail
- ◆ Reassure

E. General Tips for Responding to Challenging Behaviors:

- ◆ Stay calm and be understanding
- ◆ Be patient and flexible
- ◆ Acknowledge requests and respond to them.
- ◆ Try not to take behaviors personally
- ◆ Accept the behavior as a reality of the disease and try to work through it.

F. A Key Principle of Intervention Is Redirecting Attention.

Don't:

- ◆ Argue or disagree
- ◆ Be confrontational
- ◆ Raise your voice
- ◆ Take offense
- ◆ Corner, crowd
- ◆ Try to reason
- ◆ Restrain,
- ◆ Shame, criticize
- ◆ Demand or try to force
- ◆ Condescend, ignore
- ◆ Explain, teach
- ◆ Rush
- ◆ Show alarm
- ◆ Make sudden movements

Do:

- ◆ Simplify the environment
- ◆ Simplify tasks and routines
- ◆ Allow adequate rest between stimulating events
- ◆ Use labels or clues to remind
- ◆ Back off
- ◆ Use calm, positive statements
- ◆ Reassure
- ◆ Slow down
- ◆ Offer guided choices between two options
- ◆ Limit stimulation and offer simple exercises

G. When talking with a person who has Alzheimer's Disease:

- ◆ Remember people with AD find it hard to remember the meaning of the words or find it difficult to think of the words they want to say.
- ◆ Listen carefully
- ◆ Maintain your sense of humor.
- ◆ **DO NOT** make fun of the inmate.
- ◆ Identify yourself by name each time and call the inmate by name each time. Do not ask, "Don't you know my name?"
- ◆ If necessary gently but firmly escort them out of the area.
- ◆ You may feel angry - but don't show it. This will only increase their agitation. Talk to them calmly If you are about to "lose it" try counting to ten.

REMEMBER that this person has a disease and is not deliberately trying to make things difficult for you. They may not understand the situation or why you are doing what you are doing.

- ◆ Give simple commands - state only one thing at a time. The inmate can perceive your anger or frustration and panic.
- ◆ Approach the person slowly from the front, maintain eye contact, and give them time to get used to your presence. .
- ◆ Speak with them away from other distractions - keep it one-on-one.
- ◆ Speak slowly and distinctly in a calm, low tone of voice using familiar words and short sentences - one idea at a time allows them to grasp the concept.
- ◆ Keep things positive. Offer positive, gentle directives like "Let's go to lunch now."

- ◆ If the person seems frustrated and you don't know what he or she wants, try to ask simple questions that can be answered with yes or no or one-word answers.
- ◆ Use gestures, visual cues, and verbal prompts to help. For instance if it is lunchtime get out their coat and walk to the door and say "Time for lunch."
- ◆ Set up needed supplies in advance for tasks such as dressing, bathing, etc. Try to help the person feel in control of the task
- ◆ Have special signals for going to the bathroom. Place colored rugs or special colored signs at the door & commode. Observe for visible, non-verbal clues like restlessness or facial expressions that may indicate the person needs.
- ◆ If conversation causes agitation drop the issue rather than try to clear it up.
- ◆ Use memory aids such as calendars & lists.
- ◆ Explore various solutions.
- ◆ Accept the behavior as a reality of the disease and try to work through it.
- ◆ Listen carefully and acknowledge requests and respond to them.
- ◆ Respond to the emotion - not the behavior.
- ◆ Offer corrections as a suggestion. Avoid explanations that sound like scolding. Try "I thought that was a spoon."

III. Overview:

- ◆ Remain aware that the inmate with Alzheimer's is **suffering from a disease process** and the behavior they are displaying is not intentional.
- ◆ The inmate must be kept safe from themselves as well as others.
- ◆ This disease cannot be cured and only becomes progressively worse.
- ◆ There are things that you can do in order to work with the inmate displaying disruptive behavior. It requires **thought, patience and understanding** on your part as a professional correctional staff member.